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CONFIRMATION NO. 5302

<b>SERIAL NUMBER</b> 10/684,022	<b>FILING OR 371(c) DATE</b> 10/10/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 30817-1012
<b>APPLICANTS</b> Paul O. Zamora, Gaithersburg, MD;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/450,309 01/28/2003 PAT 6,921,811 which is a 371 of PCT/US01/24000 07/31/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/19/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 42
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 5179				
<b>TITLE</b> Bioactive medical films				
<b>FILING FEE RECEIVED</b> 583	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	